

Indiana State Department of Health

| | | | | |
|---|---|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013069 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED C 05/13/2014 |
| NAME OF PROVIDER OR SUPPLIER RESIDENCES AT DEER CREEK | | STREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST US 30 SCHERERVILLE, IN 46375 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| R 000 | <p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00148494.</p> <p>Complaint IN00148494- Substantiated. No deficiencies related to the allegation are cited.</p> <p>Survey date: May 13, 2014</p> <p>Facility number: 013069 Provider number: 013069 AIM number: N/A</p> <p>Survey team: Janet Adams, RN-TC</p> <p>Census bed type: Residential: 78 Total: 78</p> <p>Census payor type: Other: 78 Total: 78</p> <p>Sample: 3</p> <p>Residences at Deer Creek was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00148494.</p> <p>Quality Review 05/14/14 by Lisa McColly</p> | R 000 | | |

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE